

PUBLIC HEALTH NURSING

Indian Health Service <u>Preventive Health</u>	FY 1999 <u>Enacted</u>	FY 2000 Final <u>Appropriation</u>	FY 2001 <u>Estimate</u>	Increase or <u>Decrease</u>
<u>Public Health Nursing</u>				
A. Budget Authority	\$30,363,000	\$34,452,000	\$39,772,000	+\$5,320,000
B. FTE	284	290	292	+2
C. Total # of Patient Visits	340,000	359,575	392,075	+32,500
Total # of PHN Home Visits Provided	119,000	119,900	128,900	+9,000

PURPOSE AND METHOD OF OPERATION

Program Mission/Responsibilities

Public Health Nursing (PHN) is the integration of nursing practice and public health practice applied to the prevention of disease and the promotion and preservation of the health of the Indian population. The nature of this practice is continuous and comprehensive, including all program areas and diagnostic groups. The PHN is directed to individuals, families and groups and intrinsically relates and contributes to the health of a total community.

PHN services are based on the assessed needs of individuals, families, groups and communities. It is one of the most visible and well known to the Indian tribes because it is entirely community based. The PHN role is predominantly one of advocacy, strengthening relationships within the Indian community and providing the framework for broadly based community efforts. This includes therapy, counseling, education, and referral activities often carried out in conjunction with other members of the health care team such as the community health representative. Other significant PHN activities include coordination and case management activities.

Best Practices/Industry Benchmarks

The PHN program is an integral component in the Indian Health Service/Tribal/Urban (ITU) health programs. The tribes operate approximately one third of the PHN program. Outreach activities includes: home visitation, well-child examinations, immunizations, prenatal care, and health fairs and follow-up visit on missed clinic appointments. Referrals for follow-up care in the home remain a traditional PHN activity in the IHS. Home visits continue to be a mainstay of the PHN activities along with case finding which together accounts for over 50 percent of the PHNs time. All IHS PHNs practice case management. Another 25 percent of the PHN's time are spent in activities for children under the age of 5 years. The PHNs work collaboratively with the Maternal and Child Health (MCH) team, Community Health Representatives, and

etc. The AIDS counseling, Fetal Alcohol Syndrome Program team members, and Sexually Transmitted Diseases (STD) follow-up constitute other important activities and contacts that PHNs are involved with in providing community oriented care. Continuous identification of those education programs aimed at meeting the health awareness needs of the community constitute other important PHN activities. Further collaboration with State and county agencies to plan appropriate programs to meet the needs of the Indian community often requires input from the IHS PHNs.

Findings Influencing FY 2001 Request

While IHS services related to preventive care have increased 88 percent since 1980, many preventive services directly influenced by PHN home visits such as prenatal care, high immunization rates, follow-up care for missed appointments and post-hospitalization home visits are challenged by several factors facing the PHN Program.

To address a serious problem in recruitment and retention, the IHS implemented a Special Salary Rate (SSR) to make nursing salaries competitive with the private sector. In recent years, the increases in funds received for the PHN program have been utilized to restore some of the lapsed positions and provide for increases.

The IHS service population is increasing at a rate of about 2 percent per year. The health needs of the growing elder population are consuming more PHN time. In 1995, 18 percent of the PHN home visits were to elders 64 years and older. There are increasing needs to address alcohol related health problems such as fetal alcohol syndrome, chronic liver disease, child abuse, domestic violence, etc. The number of AIDS/HIV, tuberculosis, asthma, diabetes are increasing and requiring closer follow-up for PHNs.

The PHN programs have successfully been accredited by the National League for Nursing; however, in recent years because of limited funding many programs have chosen not to continue this accreditation process. The ability to fund PHN programs for accreditation is critical so that our programs continue to meet national standards.

The PHN program has historically provided funding for the PHN Intern program which provides PHN training. In recent years the number of interns have been reduced from 21 to 7. The program provides the ability to train Native American nurses who provide culturally sensitive care and are vested in the communities, thus providing a consistent, stable PHN workforce.

ACCOMPLISHMENTS

The PHN program has been challenged by vacancies that are not filled or kept open for long periods of time. Despite these shortages, the PHN program funded four PHN interns, Alpha and Beta tested the PHN PCC form that will generate more specific data, and provided PHN Update Training for Indian country wide.

PERFORMANCE PLAN

The following performance indicators are included in the IHS FY 2001 Annual Performance Plan and are primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 2: Reduce diabetic complications by demonstrating a continued trend in improved glycemic control in the proportion of I/T/U clients with diagnosed diabetes in FY 2001.

Indicator 3: Reduce diabetic complications by demonstrating a continued trend in improved blood pressure control in the proportion of I/T/U clients with diagnosed diabetes and hypertension who have achieved blood pressure control standards in FY 2001.

Indicator 8: Improve child and family health by increasing the proportion of AI/AN children served by IHS receiving a minimum of four well child visits by 27 months of age during FY 2001 by 3 percent over the FY 2000 level.

Indicator 19: Improve the health status of American Indian and Alaska Native people by assuring that during FY 2001, the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits are increased by 9 percent over the FY 2000 workload levels.

Indicator 20: Reduce the incidence of preventable diseases by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 2 percent over the FY 2000 rate.

Indicator 21: Reduce the incidence of preventable diseases, by increasing pneumococcal and influenza vaccination levels among adult diabetics and adults aged 65 years and older by 2 percent over the FY 2000 rates.

Following are the funding levels for the last 5 fiscal years:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$24,150,000	297
1997	\$26,676,000	289
1998	\$28,198,000	289
1999	\$30,363,000	284
2000	\$34,556,000	290

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of \$39,772,000 and 292 FTE is an increase of \$5,320,000 and 2 FTE over the FY 2000 Appropriation of \$34,452,000 and 290 FTE. The increases include the following:

Current Services - Built-in Increases: +\$2,650,000

The request of \$2,650,000 for personnel related costs would partially fund the built-in increases associated with on-going operations. Included is the FY 2001 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

The IHS patient population continues to receive less access to health care than the general U.S. population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

Phasing-In of Staff for New Facilities: +\$643,000 and 2 FTE

The request of \$643,000 and 2 FTE provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested increase.

<u>Facilities:</u>	<u>Dollars</u>	<u>FTE</u>
Talihina, OK Hospital	\$495,000	7 1/
Hopi,AZ Health Center	<u>148,000</u>	<u>2</u>
Total	\$643,000	2

1/ Non-add - Tribally operated program.

Health Disparities - +\$2,027,000

The additional funds will provide greater access to PHN services to address the priority health problems identified by the I/T/Us for FY 2001. PHNs provide home care, case management services, and treatment interventions, as well as a range of preventive and maintenance services, such as education and screening for early detection, nutritional and medication counseling for maintenance of health, and follow up services after surgery and chemotherapy, etc. These services are essential to reducing the gap in health disparities that exists between the AI/AN population and the rest of the U.S. Funds will also address training and continuing education needs of PHNs.

Ultimate use of the funds will be determined by local priorities, consistent with the needs identified during the budget formulation process.